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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-675)						SERIAL NO. <b>10704 333</b>	FILING DATE
						APPLICANT(S)	
						CLAIMS	
ATTENDED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.		IND.	DEP.
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TOTAL IND.	2	2	2	2			
TOTAL DEP.	20	13	21	23			
TOTAL CLAIMS	22	13	23	23			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS